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APPLICANTS

Ulrich Speck, Berlin, GERMANY;
 Bruno Scheller, Saarbrucken, GERMANY;

** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

GERMANY 102-44-847.7 09/20/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		GERMANY	0	23	1
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ADDRESS

MILLEN, WHITE, ZELANO & BRANIGAN, P.C.
 2200 CLARENDON BLVD.
 SUITE 1400
 ARLINGTON, VA 22201
 UNITED STATES

TITLE

MEDICAL DEVICE FOR DISPENSING MEDICAMENTS

FILING FEE RECEIVED 3196	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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